MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 571277 10/

FILING DATE

APPLICANT(S)

CLAIMS

1	****	AS FILED		AFTER 1"AMENDMENT		AFTER 2 ^{md} AMENDMENT	
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TOTAL CLAIMS		100 C	28			1.0	

PTO - 1360 (REV. 11/04)

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TOTAL CLAIMS		S _i		1988		86

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